

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## Request to amend name on Class C Non-Emergency Certificate

Temeka Parks DBA W.C.C.

BEFORE THE 227840  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2010 - 288 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Temeka ParksTelephone: 803-708-1114Address: 106 Legend Oaks Dr  
Columbia SC 29229Fax: 803-708-1114

Other: \_\_\_\_\_

Email: Parksmedicaltransportation@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☒ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## CLASS C AMENDMENT FORM

Affn Clerk's office

## File the original with:

Public Service Commission of South Carolina  
 Clerk's Office  
 Motor Carrier Matters  
 P.O. Box 11649  
 Columbia, S.C. 29211  
 (803) 896 - 5100  
 FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
 Transportation Department  
 1401 Main Street, Suite 900  
 Columbia, S.C. 29201  
 (803) 737-0578  
 FAX (803) 737-0815

\* DATE: 1-25-11

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☒ Class C Non-Emergency # 8338 ☐ Class C Stretcher Van# \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Temeka Parks DBA: W.C.C.  
 (Current Name) (Current DBA if applicable)

TO: Temeka Parks DBA: Parks Medical Transportation Ltd  
 (New Name) (New DBA if applicable)

☐ Scope of Authority  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Current Scope) (New Scope)

☐ Passenger Limit  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Current Limit Number) (New Limit Number)

\* Temeka Parks Parks Medical Transportation Ltd \* 106 Legend Oaks Dr  
 Name & DBA if DBA is applicable (Street and/or Mailing Address)

\* Columbia SC 29229 \* Temeka Parks  
 (City, State, Zip Code) (Signature)

\* 803-708-1114 \* President  
 (Telephone Number) (Title) Owner, President, etc.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

PARKS MEDICAL TRANSPORTATION LTD CO, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 6th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
6th day of January, 2011.

A handwritten signature in black ink that reads "Mark Hammond".  
Mark Hammond, Secretary of State

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

JAN 06 2011

## TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Parks Medical Transportation Ltd co

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

106 legend oaks Dr  
Street Address  
Columbia SC 29229  
City Zip Code

3. The initial agent for service of process is

Temeka Parks Temeka Parks  
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

106 legend oaks Dr  
Street Address  
Columbia SC 29229  
City Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Temeka Parks  
Name  
106 legend oaks Dr  
Street Address  
Columbia SC 29229  
City State Zip Code

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address

City

110106-0170 FILED: 01/06/2011  
PARKS MEDICAL TRANSPORTATION LTD CO  
Filing Fee: \$110.00 ORIG

Zip Code

Mark Hammond

South Carolina Secretary of State

Revised by South Carolina  
Secretary of State, December 2009